

PTO/SB/21 (08-00)

Please type a plus sign (+) inside this box → 

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

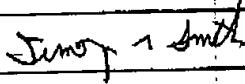
Total Number of Pages in This Submission 

Application Number	09/785,207
Filing Date	January 17, 2001
First Named Inventor	BROCK, Ansgar
Group Art Unit	2856
Examiner Name	
Attorney Docket Number	P0021US00

## ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Statement under 37CFR 3.73(b)
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		Remarks
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Timothy L. Smith, Reg. No. 35,367
Signature	
Date	March 13, 2002

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: US Patent and Trademark Office, PO Box 2327, Arlington VA 22202 on this date:

Typed or printed name		Date	
Signature			

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be send to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



GENOMICS INSTITUTE OF THE  
NOVARTIS RESEARCH  
FOUNDATION

**FAX**  
COVER SHEET

Date: 3/13/02

Number of pages with cover: 6

**TO:** US Patent and Trademark Office  
TC2856

**FROM:** Timothy L. Smith, Esq.

**FAX COPY RECEIVED**

**MAR 13 2002**

**Phone:** (703) 872-9318

**Phone:** (858) 812-1547 TECHNOLOGY CENTER 2800

**Fax Phone:**

**Fax Phone:** (858) 812-1570

**CC:**

US Application No. 09/765,207

PTO/SB/97 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**Certificate of Transmission under 37 CFR 1.8**

I hereby certify that this correspondence is being facsimile  
 transmitted to the Patent and Trademark Office

on March 13, 2002.

Date

**FAX COPY RECEIVED****MAR 13 2002**

TECHNOLOGY CENTER 2800

*Timothy L. Smith*

Signature

Timothy L. Smith, Reg. No. 35, 367

Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of transmission, or this  
 certificate must identify each submitted paper.

RE: P0021US00

1. Power of Attorney or Authorization of Agent
2. Revocation of Power of Attorney or Authorization of Agent
3. Statement Under 37 CFR 3.73(b)

**Burden Hour Statement:** This form is estimated to take 0.03 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.